PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(13(181) Reg. Diat. No. 25/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County. Guges and	handed and and
(If outside city or town limits, write RURAL and give nearest town)	State County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	Davis 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION
Fem. White Widowed	2D. DATE DF DEATH MAY (3 7 A. N
8.(6) Name of husband or wife 2 how, Planis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19
7. Birth date of deceased (mo., day, yr.) Alec., /3 - /8 7 4	and that I last eaw h. Malive on
8. AGE: Years Months Daye It lees than one day	Indiate cause of death
78 3 0hrsmi	5.
Que i Que Co. Ind.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Thousewife	
	Due to
11. Industry or business	
12. Name devid	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
5 15 Blotheless and	
1 1 1	
18. Informant ms. Jenne ononis	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrese Centreville ord.	
Burial Bate thereof mar. 16-194	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burinl, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Culturally	Where did injury occur? (City or town) (County) (State)
Centreville Ind.	Injured at home, farm, Induetry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	
Address Church Till me.	173. Withura as
3.15 48 Edyard. Nane	M. D. or other
(Date rec'd by registrar) Registr	ar Address Date signed D15/48

APR 13 1948

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Evidence	for	chan	ge of
birth dat			
FILM No.	G	114	APR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1	3	0	-	8	1

5 1948 CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn Infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mary fond County Queen Nome
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, monation, or stock accretion made country	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
John Wasky Dixon	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
M C Diverced	20. DATE OF DEATH. March 13 19 48 21 1: 30 P.
6.(b) Name of husband or wife. Mildred Dill	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	July 19.46 to March 1 19.48
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
77hrsmin.	Arteria sclenosis, cerebral
C 1 · 1 m 1	with thrombesis 2 yes
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation. Laborer	B. 4.
11. Industry or business & rm	Due to
플 12. Name	Other conditions
12. Name	
-41	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
	Date of op.
16. Informant Viela Tolson	Antopsy results
Address Stevensville, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 26+ 00 0114	VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Recident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Landlow Bruck touthour	Injured et home, farm, Industry, public place (where?)
Clauri & Hilder	Means of Injury Injured at work?
16. Funeral director	
Address Cambridge	23 SIGNATURE / Lillian C. Lave, M.O.
Mar. 13 .48 Charlethe Norte	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date eigned 3-13-48

RECEIVED MAR 18 1948

2411 N. Charles St., Baltimore

, 0308

1	CERTIFICATE	E OF DEATH	Reg. Diat. No. 251
City or town	nd give nearest town)	2. USUAL RESIDENCE (HOME) OF REAL PROPERTY OF THE PROPERTY OF	
How long in above place of death?		(If outside city or town limits Street No(If rural, give	LOCATION)
3. (a) FULL NAME PLOY Edde	God Zele	Es .	3. (b) Social Security Number
Male Calence (a) Singly parties	Nowed, or divorced	20. DATE OF DEATH.	ERTIFICATION 8
6, (b) Name of husband or wife	give Pelal years	21. I CENTIFY that death occurred on the date abo	ve states. That I standed decreased from
8. AGE: Years Months Days If les	s than one day	Immediate cross of death	JOMON MIL
9. Birthplace (Town, county and sacc) 10. Usual occupation.	9,00	Due to.	
11. Industry or busidess 12. Name 11. Industry or busidess 13. Birthflast	Collega	Dither and titles (Include aregnand, within a	MOISE LANGE
14. Malden name) 15. Birthplace	604	Major fiadings of operations	Date of op.
Address Address	- 1	Autopsy results	sich death should he charged statistically.
(Burial, cremation, or removal, Which) Cemetery or crematory	Carolina (Jean)	Where did injury occur? (City or town)	(County) (State)
Location Colonia Colon		Injured at home, form, industry, public place (wi	Injured at work?
Address Church Itill 19. Mar. 9. 18 48 Edga. (Date rec'd by registrar)	Sol, Registrar	A ANTHON MINTON	Led Date Sent MINOY

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

information carefully. The corr of death clearly and legibly.

9-45-15M

WRITE

PLEASE

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APR 13 1948 BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03083

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL end give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war.			
3. (a) FULL NAME Lawra Viviginia Gibb	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH MOZEL 14- 1848 BP M			
6.(b) Namo of husband or wife. Alox Gibbs: 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Oout Kerow. 1887	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 19			
8. AGE: Years Months Days If less than one day	I saw hat - Forom fortot heatory			
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to			
11. Industry or business 12. Name	Diher conditions (Include pregnancy within 3 months of death)			
14. Maiden name Sout Know 15. Birthplace Md. 15. Birthplace They Califor (Washamd)	Major findings of operations. Date of op.			
18, Informant State State Order MA	Autopsy results			
17. Burial, eremation, or removal, Which?) Bate thereof 5/15/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Location Centrumiles md.	Where did injury occur? (City or town) (County) (State) Injured at bome, farm, industry, public place (where?)			
18. Funeral director Leon It. Henry Address 310 South Rt. Easter M.	Means of Injury Injured et work?			
19. Mar. 17- 1948 Elsis armelasa (Date rec'd by registrar)	23. SIGNATURE DATE THE EXAM AD SECTION OF Address SIGNATURE MAD SECTION OF THE BATO SIGNATURE MAD SECTION OF THE SECTION OF TH			

MAR 24 1948

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1068

CERTIFICATE OF DEATH

(13184 Reg. Dist. No. 252

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Luceu Centre	(For newborn infants give residence of mother)
Cily or town	State Many land County Luces and
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of dealh?	City or town
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Welliam Nursy Gards	land now
4. Sex 5. Color or race 6.(a) Single, married, yidowed, or divorced	MEDICAL CERTIFICATION
m. a with water of	11. 1 10 YC (D
mele while producted	20. DATE OF DEATH March 19 8, at 6 M
8.(b) Namo of hosband or wife Select Souling Throughout	21. LOERTIFY that death occurred on the date above stated: that I attended deceased from
	March of 18.18 jollant 19 19 19
7. Birth date of	and that I last saw h Alexa alive on Ward 19 19 18
deceased (mo., day, yr.) September 22-1870	Immediate cause of death
8. AGE: Years Months Days If less than one day	Franchize Tax is provide
77 5 26hrsmin.	
9. Birtholace Germiella 2 als Many land	
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation. Zarme	
	Due to
11, industry or business	
12. Name William Henry Contract 13. Birtholace Quemannes & Mid	Dther condition
13. Birthplace Lucentumes to Med	Zouply veus, chron. an / hotilis
# 14 Maiden name Marcha & Saus	(Include pregnancy within 3 months of death)
0 0	Major findings of uperations.
2 15. Birthplace Jessen Cornes Co Med	Date of op.
16, Informant James D Freshaud	Autopsy results
Address Kentreville Mary Land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
-2 · · · · · · · · · · · · · · · · · · ·	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Buse +	Where did Injury occur?
Cemetery or crematory,	
Location Muleturo Caustine G Meg	Injured at home, farm, industry, public place (where?)
Tractor Tours	Means of Injury Injured at work?
18. Funeral director.	A - 1 - 1 - 11 2
Address Cestworth Mary land	23. SIGNATURE XXXI (202131 4.).
3- 70 de Otais (14	M. D. or other
(Date rec'd by registrar) Registrar	Address UL 5 Ex CULA E ULG Date signed 3/20

MAR 24 1948

2411 N. Charles St., Baltimore

03085

CERTIFICA	ATE OF DEATH Rog, Diat. No
1. PLACE 85 DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Charles Esward We	3. (b) Social Security Number
1. Sex 5. Color or race, 6.(a) Single, married, widowed, or divorced Surgle	MEDICAL CERTIFICATION WWY S 19 44 7 9.
6,(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 64 6 22 hrs. mm 9. Birthplace (Town, county, and state)	and that I last saw h
10. Usual occupation	Due to
14. Maiden name Cardine Marie Friel 15. Birthplace Philadlephia Pa 16. Informant B Marie Friel	(Include pregnancy within 3 months of death) Major findings of operations
Address 17. Burial, cremation, or removal Which? Cemetery or crematory Cemetery or crematory	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Augustanon Mayland 18. Funeral director Barbar Burghand Address Centrevelle Maryland	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
19. March 6- 19 48 Elien armitism. (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Date signed 3/6/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

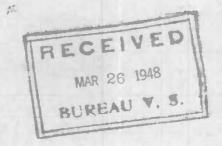
2411 N. Charles St., Baltimore

93 de

03086

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Queen Dane	State Mary land County Queen Pane
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Streel No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME George Elmo Lane	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w Married	20. DATE OF DEATH MARCH 18 1948 21 12 N
8.(b) Name of husband or wife Mary M. Lane	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	July 1946 10 March 1848
7. Birth date of	end thet I last saw have alive on March 10 1978
deceased (mo., day, yr.) //drsh 12, 1865	Immediate cause of death
8. AGE: Years Months Days If less than one day 83 0 6	Arteriosclorotic Cardiovascular 2 yrs.
9. Birthplace Felt Det. (Town, county, and scate)	Dualo
10. Usual occupation	Due lo
11. Industry or business	
12. Name John W. Lone 13. Birthplace Vernon Del.	Other conditions Northwester Fibrillation 2408.
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Wheeler 15. Birthplace Vernan Del	Major findings of operations
15. Birthplace Veryage Dol.	Date of op.
16. Informant Mary M. Lone	Autopsy results.
m l mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Queenstown, Md.	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
(Rurial, cremation, or remova, Which?) Date thereof (manth) (day) (year)	Accident, suicide, or homicide
Cemetery or compalory	Where did injury occur?
Location Contigerate for a find	Injured at home, farm, industry, public place (where?)
18. Funeral director Darton Draw.	Means of Injury Injured at work?
to to	
Address antreusle 114.	23. SIGNATURE William G. Rosse, M.C.
19. Mar. 7/ 19 48 Alem Oldredgs	Address Queen faces mo Bale stoned 3-18-18



MARYLAND STATE DEPARTMENT OF HEALTH

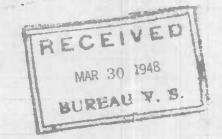
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03087

Reg. Dist. No. 254

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASI (For newborn infants give residence of mother) Stale	CAL and give nearest town)
3. (a) FULL NAME		ocial Security Number
	3.(0) 3	ocial Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced		
	MEDICAL CERTIFIC	CATION
F W Married	20. DATE OF DEATH March 36	1948 3 3:30R M
6.(b) Name of husband or wife Den is main Franklia Millor 7. Birth date of F. (c) If alive, give age F. years	21. I CERTIFY that death occurred on the date above stated; the June 19. 7. 10. and that I last saw h	al I atlended deceased from
deceased (mo., day, yr.) / ch way, 7, /879 8. AGE: Years Months Days If less than one day	Immediate cause of death	
69 19	Coronary Thrombos.	s 7- hoo
9. Birthpiace. Easton (Town, county, and state)	Due la Anterio selevatio Grad	
10. Usual occupation	Due to	
12. Name James Frampton 13. Birtholace	Other conditions Diebetes Melli	
14. Malden name Sana Bartlett	(Include pregnancy within 3 months of den	
15. Birthplace		Date of op
18. Informant Denjamin Franklin Miller	Autopsy results	
Address Grason ville, Md.	PHYSICIAN: Please underline the cause to which death she	onld he charged statistically.
17. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	
Cemelery or crematory. Spring Heel	Where did injury occur?(City or town) (C	County) (State)
Location Laston Mary Land	Injured at home, farm, Industry, public place (where?)	***************************************
18. Funeral director. The audit to 1810	Meens of Injury Inju	red at work?
Address Chillengelle Manyland	23. SIGNATURE	Lowe mo
19/ Clar. 28 1948 When M. aldridge	Que from me	M. D. or other 3-26-48



PLEASE

Evidence	for	change	of	ageMARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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03088

shown on: 1 1 5 APR 14 1948 CERTIFICATE OF DEATH

THE THE CONTRACT OF THE PARTY O	Reg. Dist. No.			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Stevensville	(For newborn infants give residence of mother)			
City or towa	State Md County Queen Annes City or town. Stevensville			
(If outside city or town limits, write RURAL and give nearest town)	City or town			
How tong in above place of death? entire life Nospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)			
mounts, montaining of article agences where acets vocalities.	Sireet No.			
How long in hospital or institution?	(If rural, give LOCATION)			
3. (a) FULL NAME	2.(a) If veterao, name war			
	3. (b) Social Security Number			
John Mattee Norman				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 7.45 P M			
male white Married	20. DATE OF DEATH Mch 23 1948 19 45 No			
7/ 13 • 33 97				
6.(b) Nama of husband or wife Katherine E. Norman	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1977.			
7. Birth date of The Control of the	Abril 1947 19 to Mch 23 1948 and that I last saw h im alive on lach 23 1948 19			
deceased (mo., day, yr.) Nov 25 1874	and that I last saw h			
8. AGE: Years Months Days If less than one day	Immediate cause of death QUBATION Cancer of lung			
73 1/2 3 28 hrs. min.	Cancer of lung II mos			
Stevensville (A. Md				
9. Birthplace	Due to			
10. Usual occupation retired farmer.				
	Due to			
11. Industry or business	***************************************			
12. Name Jno. T. Norman 13. Birthplace Q. A. CO Md	Other conditions			
	(Include pregnancy within 3 months of death)			
14. Malden name Martha Bryan 15. Birthplace Q.A.Co.Md				
15. Birthplace Q. A. Co. Md.	Major findings of operations.			
Kathanina L' Morman	Date of op.			
19. Intuitable and a second and	Autopsy results			
Address . Stevensville Md				
(Burial, cremation, or removal Which?) Date thereof. Man 25-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, cremation, or removal Which?) [month] (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)			
Location Stevenswelly July	Injured at home, farm, lodustry, public place (where?)			
	Means of injury injured at work?			
18. Funeral director	801 65			
Address hurch Hell Mel	Trolling of miles			
March 2) X8 FT la wette Starte	23. SIGNATURE M. D. or other			
(Date rec'd by registrar) Registrar	U 1) 1			

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03089

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				Z. USUAL RESIDENCE (FIOMIE) UP DECEASED: (For newborn infants give residence of mother)	
Queen Annes				State MD. County Cecil	
City or town Rural Millington (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)		
How long in above place of death?				(if outside city or town limits, write RURAL and give nearest town)	
Palmatory Nursing Home				Street No	
Now long in hospital	or Institution? 1 Y	ear 2	Nonths	2.(a) If yeteran, name war	. /
3. (a) FULL NAM					
J. (a) 1022 1111				3. (b) Social Security	Mamper
4. Sex	John Mor	gan I	Rowan e, married, widowed, or divorced	APPLICATE OFFICE PROPERTY OF THE PROPERTY OF T	
				MEDICAL CERTIFICATION	
Male	White	Wic	lowed	20. DATE OF DEATH March 15 9 5	21 4 A H
& (b) Name of husband	d or wife			21. I CERTIFY that death occurred on the date above stated; that I attended dec	
			c) If alive, give ageyears	March 1 19 4 7 10 March	19 4 6
7. Birth date of				and that I last saw harm alive on	17 18 46
deceased (mo., day,			If less than one day	Immediate cause of death	OURATION
8. AGE: Year	rs months	Days		munia	4 cays
82		17	hrsmin.		
9. Birthplace		Cecil.	Maryland	Oue to Chy, I whishlis hytulis	10300
10. Usual occupation.	Retired	ı rarı	ner	Que to Cally Asles	
11. Industry or busine					
当 12. Name	John Rowa	an		Other conditions	
12. Name John Rowan 13. Birthplace MD				(Include pregnancy within 3 months of death)	
14. Maiden name	Henerei	t.t.a. M	organ		
TO IF Birtholoss			. 8	Major fiedings of operations	
16. Informant Mr. Morgan Rowan			1	Autopsy results	
Address RU	iral Golts	s MD.		22. VIOLENCE: If death was due to external causes, fill in the following;	
17Runed	2.1	Date ther	ed March 21 1048		
17. Burial Cremation, or removal. Which?) Oate thereof March 21.1048				Accident, Suicipe, or nomicipe,	
Cemetery or crematory				Where did injury occur? (City or town) (County)	(State)
Location Galena MD.			D	Injured at home, farm, Industry, public place (where?)	
			OWS	Means of injury Injured at work?	
Carlotte Committee			ton MD.	4.	
Address			~ ~ ^	23. SIGNATURE MILLS M. D.	on other
19. 3-20	1948		dyan h. have	Address Mullington Ma. Date signed	1/20/6C
(Date rec'd by r	egistrar)		O Registrar	Address	

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APR 13 1948

BUREAU V. S.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

03090

CERTIFICATE OF DEATH

or Dist. No. 251

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How tong in above piace of death?	(If outside city or town limits, write RURAL and give nearest town) Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Charles Benjamin	Stansbury 3. (b) Social Security Number	
1, SOI 5. Color or race 8.(a) Single, married, widowed for divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1947. 21	
8.(b) Name of husband or wife	21. I DERTIFY that death occurred on the dato above stated; thet I attended deceased from 19.418 10	
T. Birth date of deceased (mo., day, yr.) Ot, 14-1887	and that I last saw halive on	
8. AGE: Years Months Days Itless than one dayhrsmin.	ternoy bulunie	
9. Birthplace	Buo 10	
10. Usual occupation.	Due to	
11. Industry or business 12. Name	Dther conditions. [Include pregnancy within 3 months of death)	
14. Maiden name Saley Kanel 15. Birthplace Nd.	(Include pregnancy within 8 months of death) Major findings of operations	
Illament Sounderd	Autopsy results.	
Address Centreville Ind R.F.D.	PHYSICTAN: Please underline the cause to which death should be charged statistically.	
17. (Burisi, cremation, or removal, Which?) Dato thereol (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	
Cemetery or cremators Coloniele Cem:	Where did injury occur?	
Location Nolsville Ind.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Church Trice Ind.	Massas of Injury Injured at work?	
19. From 15 19 48 Edyon of Sane Registrar Registrar	Address Balo signed 7113 / 4	

APR 13 1948

SUREAU Y. S.

03091

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

251

/	TIFICATE OF DEATH Reg. Diat. No. 25)
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town	State Couply City or town (If outside city or town limits, write RURAL and give nearest town
Hew long in above place of death?	Street No
Hew leng in hespital or institution?	
3. (a) FULL NAME Dustonie CTarker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widow	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 19. 4. 2
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above elated: that I attended deceased from
7. Birth date e1 deceaeed (me., day, yr.) 8. AGE: Yeare Monthe Daye 11 leee than	Immediate cause of death.
63	min.
9. Birthplace(Town, county, and state)	Due to Carly County Schuley
10. Usual occupation	Due te. Shin Myocullity
12. Name Ann E Claud	Dither conditions
14. Maiden name Person full Selection of the Selection of	(Include pregnancy within 3 months of death) Major findings of operations.
Philip Round	Autopsy results.
Addrese 1620 N 9th Str. Chu	PHYSICIAN: Please underline the cause to which death should be charged statistical
(Burial, cremation, or removal, Which?)	/ _ 48 22. VIOLENCE: If death was due to external causes, fill in the following; day) (year) Accident, euicide, or hemicide
Cemetery or crematery Backay	Where did injury occur?
Location Speckay Re	Injured at home, farm, Industry, public place (where?) Meane of Injury Injured at work?
Addrese Church / JU	my. Drufsteelf
19 3->0 19 US Edgard	Address. First Excelle Tunf Bate signed 1201

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APR 13 1948

BUREAU V. S.

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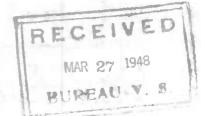
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03092

1. PLACE DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	6.
Cliy or town	State County	and the state of t
How long in above place of death?	City or town	ive nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No.	
	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Sec	urity Number
Melford David o	levens no	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTALICATION	N 11.5
male while Engle	20. DATE DE DEATH Meurch 18. 19.	48. 2 P.
6.(b) Name of husband or wife	21. I CERTIFY that death of turred on the date above stated; () attende	deceased from
	Dec. 10: 1948 1000	6 18 1048
7. Birth date of	and that I last eaw hum alive on Munch 17	19.48
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	pamediste cause of death	DURATION
0. AUL.	yunghor aumonia	abonfu
19 5 2min.	Hotellun tolun	Soloni
8. Birthplace (Town, county, and state)	Due to	Jews
to. Usual occupation	Due to.	***************************************
11. Industry or business		
E 12. Name Melfard (Slevens	Other conditions	
t3. Birthplace Chester 24.Co. Red		
14 Maiden name Squa Etta Rull	(Include prechancy within 3 months of death)	o day
15. Birthplace Charter 24 G. Med.	Major findings of operations.	Note 1
El 15. Birthplace	g + + Mauser by ollow	ash ismon un
18. Informant	Antopsy results	harved statistically
Address Charles Mary land	22. VIOLENCE: It death was due to external causes, till in the tollowing:	
17 Berial Date thereof Mar. 21-48		· !
(Burial, cremation, or removal. Which?) (month) (day) (year)	100000000000000000000000000000000000000	
Cemetery or crematory	Where did injury occur?	(State)
Location See Location See Location	Injured at home, tarm, industry, public place (where?)	
18. Funeral director Togeton Togeton	Meens of Injury Injured at work	k?
Address Centrevelle Maryland.	Lever Sattely	:
1 21 5870 149/ +	23. SIGNATURE TULINO II SUCCESSION	M. D. or other
(Date rec'd by registrar)	Address Stevens rulle Dates	3/19/48
(Date fee u by registrar)	11 Addiese	I BII CH V



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

()3()93 Reg. Dist. No.253

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Queen Nnne	n n n
(If outside city or town limits, write RURAL and give nearest town)	State Dand County Queen Man-
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city of town limits, write RORAL and give nearest town)
1005100, 1001000, 01 0000 0000 0000 0000	Street No
How long In hospitat or Institution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Solome Smith Will	is
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6 11/1 11/1	M. A.
F W Widowed	20, DATE DE DEATH 19 48, at 10:15PM
6. (b) Name of husband or wife William Martin Willis	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 42 to March 1948
7. Birth date of	and that I last saw h allye on Man 13 19 % 8
deceased (mo., day, yr.) January 16, 1878	Immediate cause of death
8. AGE: Years Months Days If less than one day	Arterioscleratic Cardiovascular
70hrsmin.	
All Cart new	L) iscon e
9. Birthplace	Due to
1D. Usual occupation Housewife	
10. Usual occupation	Due to
11. Industry or business.	
12. Name Albert N. Smith 12. Name Coxsackie, NV.	Dther conditions
Z 13. Birthplace Coxsackie, NV.	
	(Include pregnancy within 3 months of death)
14. Malden name Movilla Baker 15. Birthplace Cox Soc Kie NV	Major findings of operations
15. Birthplace Cox Soc Nie NV	Date of op.
16. Informant William A. Willis	Autopsy results
81	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Orevensuille Md.	22. VIOLENCE: tt death was due to external causes, fill in the following;
17 Dunal Date thereof Mar. 17-48	
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Stellings on Com.	Where did injury occur?
Location Idanidyton del.	Injured at home, farm, Industry, public place (where?)
Location	Means of injury Injured at work?
18. Funeral director	The state of the s
Address Church Itiel and.	10/ 20. () (a. 10)
10800 0 Al 1/ F	23. SIGNATURE M. D. or other
19. Man. 13 19 48 Constitute Nacice	- (1) Same MD 3-13-18-
(Date rec'd by registrar) (Date rec'd by registrar	Address. Date signed.

MAR 18 1948

PLEASE WRITE

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Tree Tree

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

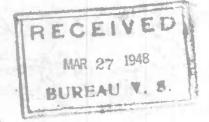
838

03094

CERTIFICATE OF DEATH

Reg. Diat. No. 253

1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State	arest town)
3.(a) FULL NAME Caloin Clark levie	laughby 3. (b) Social Security	Number
Nole Johite Sarriel Marriel	MEDICAL CERTIFICATION 20. DATE OF DEATH MARCH 22 19.48	2 P
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on to date above stated; the last ended dege which is the last saw h	22 1948 2 19.48
deceased (mo., day, yr.) 724, 2 - 1883	Immediate cause of death Cerebral Thrombosis	DURATION Munch 16-1948
9. Birthplace	Due to. Ortens clerosis	Ļ
11. Industry or business X	Dther conditions	
H 14. Maiden name	(include pregnancy within 8 months of death) Major findings of uperations.	
16. Informant Sielie V. Laures	Autopsy results	
Address 17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory	Where did Injury occur?	(State)
18. Funeral director	Means of Injury Injured at work? 23. SIGNATURE Theodor Sattelluraier	, W.D
Mar. 24 1948 Chyslette Hotter (Date ree'd by registrar) Registrar	Address Hollis ville Date signed.	3/23/48



2411 N. Charles St., Baltimore

03095

CERTIFICATE OF DEATH

	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County City or town	occurred:	City or town (11 outside city or town lin	
How long in hospital or institution?		2.(a) If veteran, name war	
3. (a) FULL NAME	Might		3. (b) Social Security Number
1. Set S. Color of race Shall Colored	5.(a)Single, married, widowed, strainvoiced	20. DATE OF DEATH MAN	CERTIFICATION 21 1948, 21 19
8.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date	above stated; that tattended deceased from 19
7. Birth date of deceased (mo., day, yr.)	360	and that I last saw halive on	James de al Duration
8. AGE: Years Months 9. Sirthplace	Days If less than one day	Epilepan attac	Iso and
10. Usual occupation	- work	Due to	
12. Name parae 7	wight and	Diher conditions	
HION 14. Malden name	own	Major findings of operations	
16. Informant Allendary	toalgrey ald	Autonay results	which death should be charged statistically.
17. (Burial, cremation, or remoyal. Which)	Date thereof (month) (day) (year)		Date of
Cemetery or crematory	Caprell Ceyelli		(County) (State) (where?)
Location). Milliand	Means of Injury	Injured at work?
Address ERRI	My Ma.	23. SIGNATURE CC- SLC	un Fralura
19. Mar. 30 19. 48 (Date rec'd by registrar)	Atcles M. aldred	72 Address Cantieville	md Date signed 3/27:48

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. Ine correct age important. Physicians: please write the causes of death clearly and legibly.

WRITE

RECEIVED APR 3 1948